

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525798

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3						
4	2					
5	10					
6	15					
7	15					
8	1		1			
9	1		1			
10	8		1			
11	8		1			
12	1		1			
13	1		1			
14	2		1			
15	10					
16	8					
17	10					
18	1		1			
19	1		1			
20	1		1			
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50						
TOTAL IND.			4			
TOTAL DEP.			16			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						